

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

Jimmie L. Rice

JUN 23 2020 S/H

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

Will County Adult
Detention Facility

Wellpath Healthcare
(Doctor Kim And Staff)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

1:20-cv-03693
Judge Charles R. Norgle
Magistrate Judge M. David Weisman
PC 8

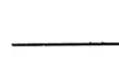
CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Jimmie L. Rice
- B. List all aliases: _____
- C. Prisoner identification number: # 75937-2020-0089
- D. Place of present confinement: Will County Adult Detention Facility
- E. Address: 95 South Chicago Street Joliet, IL 60436

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Will County Adult Detention Facility
Title: Jail
Place of Employment: Will County Jail
- B. Defendant: Doctor Kim
Title: Doctor at Will County Jail
Place of Employment: Wellpath Healthcare-Will County Jail
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____

- B. Approximate date of filing lawsuit: July 2013

- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
Jimmie L. Rice

- D. List all defendants: LaSalle County Jail

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Federal Court

- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: Civil Rights - Deliberate Indifference, Will County Jail and medical staff know I have a medical emergency and have not taken me to a hospital and continue to let me suffer in pain.

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Settled

- I. Approximate date of disposition: May 2018

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I have been held here at Will County Adult Detention Facility sense January 5th 2020. I have been suffering from stuck Kidney stones for the past five and a half months having extreem pain that is so intense that I vomit also burning and blood when I urinate. I have had many Urinary Infections from this sense being brought in to custody at will county Adult Detention Facility only to be put on Anti-Biotics and given Tylenol for my pain and told to drink more water. I have told the Doctor here at Will County Adult Detention Facility his name is Doctor Kim that works for the Jail through wellpath Health care along with multiple nurses that I need to be brought to the Emergency room at the hospital to have Emergency surgery to remove the Kidney stones that stuck I pleaded with the Facility and Medical staff for four and a half months for Emergency care. The doctor told me it

was not a Kidney stone that it was probable a Sexually Transmitted Disease at which time he tested for them and the test came back negative. I told him again it was a kidney stone and that I am still urinating blood, so he had a full urine culture performed that showed large amounts of blood in my urine. After four and a half months of pain and pleading to go to hospital he ordered an Ultrasound when it was finally performed it showed multiple kidney stones on left and right kidneys. About three weeks later I was taken to Silver Cross Hospital in New Lenox IL. to have a C.T. Scan performed and the results are that I have multiple kidney stones obstructing the left ureter and multiple non obstructing kidney stones on the right side kidney. Several weeks after the C.T. Scan was performed nothing has been done. I filled out a Grievance about not receiving the proper health care while being held in Will County Adult Detention Facility and for not getting me the Emergency treatment and Surgery at a Hospital. This is a clear case of Deliberate Indifference. Have filed Grievances about this and Jail and staff refuse to bring me to a hospital. I am still suffering in pain!

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like Will County Adult Detention Facility to change the way they handle Emergency Medical Needs and refer to a Hospital to make Emergency decisions. Also want financial compensation in the amount of Twenty Million Dollars \$20,000,000.00 for pain and suffering and jeopardizing my health.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this June day of 18th, 2020

Jimmie L Rice
(Signature of plaintiff or plaintiffs)

Jimmie L Rice
(Print name)

75937 - 2020-0089

(I.D. Number)	Tail	Home
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Will County Adult Detention Facility	Jimmie L. Rice
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95 South Chicago St	13750 Bristolacone Dr. Unit #304
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Joliet, IL Illinois 60436	Plainfield IL 60544
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(Address)	
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I am still incarcerated
at Will County Jail



jimmie L Rice #75937

Will County Adult Detention Facility
95 South Chicago Street
Joliet, Illinois 60436



06/23/2020-56

MAIL TO ADDRESSEE DIRECT MAIL

2020 JUN 23 PM 2:01
M



United States District Court Attn Circuit Clerk
219 South Dearborn Street
Chicago Illinois 60604

Legal Mail

60604-170299

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Legal mail



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